INFORMATION PAPER

30 May 01

SUBJECT: Department of Defense/Department of Veterans Affairs (DOD/VA) Clinical Practice Guideline (CPG) for Post-Deployment Health Evaluation and Management

1. Purpose: To provide information regarding the Health Affairs (HA) sponsored DoD/VA Post-Deployment Health and Management CPG.

2. Facts:

a. Upon request of the DoD and VA, the Institute of Medicine (IOM) conducted a review of DoD and VA post-deployment health initiatives in 1998. In its review, the IOM endorsed the systematic, comprehensive set of clinical practice guidelines (CPGs) set forth in the DoD's Comprehensive Clinical Evaluation Program (CCEP) and the VA's Persian Gulf Registry (PGR) concluding that these guidelines have assisted physicians in the determination of specific diagnoses for thousands of patients. However, the IOM emphasized the need to focus care at the primary care level, both to enhance the continuity of care and to foster the establishment of an ongoing therapeutic relationship. In addition, with research demonstrating that a high prevalence of psychosocial problems occur among deployed forces, the IOM recommended that standardized guidelines for screening, assessing, evaluating, and treating these patients be developed. More recently, a second IOM group focusing on US force health protection recommended that clinical practice guidelines addressing post-deployment care and medically unexplained symptoms be developed, implemented, and evaluated.

b. VA and DoD convened a group of experts (VA Field Advisory Group and Service Champions nominated by each of the Surgeons General - Workgroup), to review the IOM recommendations and develop a plan for implementation. The challenge for the Workgroup from the Assistant Secretary of Defense (ASD) (HA) and the Under Secretary for Health (VA) was to develop an evidence-based post-deployment health clinical evaluation program focused in the primary care setting. The consensus of the group was to pursue development of an evidenced-based CPG to assist health care providers (in the primary care setting) in screening and evaluating service member health concerns post-deployment and develop specific treatment CPGs for those conditions recognized as most important.

c. In early 1999, the ASD (HA) and the Under Secretary for Health (VA) initiated development of a Post-Deployment Evaluation CPG for evaluation of armed forces personnel and veterans returning from deployment. The following objectives were established for this initiative:

- Achieve satisfaction & positive attitudes regarding post-deployment medical care
- Identify and support decision-making for elements of care essential to all post-deployment evaluations
- Support patient and provider education and communication
- Optimize data collection
- Improve prevention for future deployments
- Develop clinical support utilities.

d. To develop and implement the Post-Deployment Health Evaluation and Management (PDH) guideline, HA sought assistance from the AMEDD's CPG project contained within the Quality Management (QM) Directorate at the Army Medical Command (MEDCOM). MEDCOM QM expertise was sought by HA due to its experience in guideline development and implementation. MEDCOM QM had experience in guideline development through its work with the VA in developing CPGs under the direction of the DoD/VA CPG Working Group and had experience in CPG implementation through its work with the RAND

Corporation in developing a model for CPG implementation in the AMEDD. MEDCOM QM facilitated the endorsement of the DoD/VA CPG Working Group necessary to initiate development of the PDH CPG. AMEDD QM also facilitated the contracting processes for guideline development and implementation as it already had procurement vehicles in place. HA has fully funded the CPG development and implementation initiatives that the AMEDD has facilitated, funding the total cost of the PDH CPG development in September 1999 and the RAND pilot evaluation in October 2000. In addition, HA paid for MEDCOM support of the PDH CPG implementation.

e. PDH guideline development commenced in December of 1999 with clinical experts from the VA, Navy, Air Force (AF), Army and HA. Lieutenant Colonel Charles Engel, Chief of the Deployment Health Clinical Center (DHCC), Walter Reed Army Medical Center is the DoD champion of the PDH guideline. The guideline, completed in June of 2000, provides a structure allowing primary care providers to evaluate and manage patients with deployment related health concerns. The guideline also applies to individuals who were not deployed, but relate their concerns to a deployment, for example, family members of recently deployed personnel.

f. The expert panel involved in the development of the PDH CPG, recommended that additional guidelines in the areas of chronic fatigue syndrome (CFS) and fibromyalgia (FM) be developed to assist in the evaluation, assessment and treatment of the medically unexplained physical symptom (MUPS) complexes that are often seen post-deployment. (A June 30, 2000 IOM review update related to MUPS is attached.) CFS and FM CPG development was initiated in July of 2000 and is near completion. Additionally, the panel recommended development of a Post-Traumatic Stress Disorder (PTSD) guideline. The DoD/VA CPG Working Group has scheduled the PTSD guideline for development in 2001. The VA is funding the development of the CFS, FM and PTSD guidelines.

g. PDH CPG implementation activities commenced with the pilot test of the PDH CPG implementation at three sites (one from each Service) within the DoD. The pilot sites are Camp LeJeune, McGuire AFB, and Fort Bragg. The pilot test will be conducted with the assistance of MEDCOM QM and the RAND Corporation and will be preceded by PDH CPG metric measurement and tool development activities. PDH metric development was initiated in December 2000 and will be completed by June 2001. Tool development for the PDH CPG following a January 2001 tool kit development conference. Key items within the tool kit are clinical tools and linked resources--including a website developed and maintained by the DHCC at Walter Reed--to support the use of the guideline by primary care providers throughout the DoD. The DHCC website is www.pdhealth.mil/. Prototype patient and provider tools can be viewed at the Army's Quality Management website at www.cs.amedd.army.mil/qmo. Pilot implementation started in March 2001 with a PDH CPG pilot implementation conference. The pilot test schedule is designed to meet HA's goal of DoD-wide PDH CPG implementation in December 2001. RAND will conduct field demonstrations to test and improve methods for effectively implementing the post-deployment evaluation guideline within the DoD, including evaluation of the effects of guideline introduction on measurable service delivery activity and outcomes. Working with the process evaluation findings from the demonstration, RAND will also develop recommendations for effective system-wide implementation of the PDH CPG. Successful system-wide implementation will allow transition from current CCEP to the PDH CPG. The anticipated date of transition is 1 January 2002.

POCs
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Executive Summary Highlights

"Strategies to Protect the Health of Deployed US Forces"
Institute of Medicine Draft Report June 30, 2000

Strategy # 5 Excerpt from the DRAFT Report:

"5. *Implement strategies to address medically unexplained symptoms in populations that have been deployed.* Medically unexplained physical symptoms (MUPS) are those for which a detailed medical evaluation can find no explanatory medical condition and which lead to use of the health care system. Such symptoms are prevalent and persistent in civilians as well as military. Medical care providers must do better in identifying, communicating with, and managing patients with MUPS. Early recognition and treatment of MUPS following deployment is critical.

IOM Finding/Observation	DoD Status/Comments
A set of **clinical practice guidelines** currently under development will need to be implemented by health care providers.	Practice guidelines are under development by ASD (HA) in collaboration with Walter Reed's Deployment Health Clinical Center.
Military health care providers will need **training** to recognize and treat service members with MUPS. Training should occur during graduate medical education, continuing medical education, and in service schools.	Training will focus on the yet-to-be-developed clinical practice guidelines. Responsibility is also that of Health Affairs and Walter Reed to insert into education programs.
DoD should develop a **research** plan for MUPS to explore predisposing factors and treatments. Research will be facilitated by implementation of the aforementioned Recruit Assessment Program, periodic health assessments, and the Millennium Cohort Study, the latter a collaborative effort between the VA and DoD.	The three programs mentioned, when developed, will provide the solid foundation for research on MUPS. Current program funding ends in FY 02.
Risk communication efforts to the military community should include information about MUPS to dispel misconceptions.	No plans exist at this time. Some communication occurs during limited outreach efforts conducted by OSAGWI."